

CHINA

1. Per USCINCPACINST 6200.2, Commanders are responsible for an effective Force Health Protection Plan for personnel deploying to locations within the USCP AOR, ensuring implementation of the Plan, for appointing a FHP Officer and assistant who will serve as the Commander's focal point for the planning, coordination, and execution of "real world" force health protection planning for a specific deployment. This is applicable to all assigned and attached personnel, all Department of Defense personnel performing official duties within locations in the AOR, and all US contractor personnel employed directly by the DOD in locations in the AOR.

2. FHP Planning must include the following elements:

a. Health Threat Assessment. This assessment must evaluate known and anticipated health threat/hazards and the appropriate countermeasures to be taken for each.

b. Health Record and Readiness Screening. This task is ongoing and must be validated before deployment.

c. Health Threat Briefing. Must be performed prior to deployment. Attendance must be documented. Minimum contents of a Health Threat Briefing for China include the following material:

(1) Immunizations.

(a) Personnel must be up to date on all routine immunizations for personnel on deployable or mobility status (tetanus booster, hepatitis A, typhoid, influenza).

(b) Japanese encephalitis vaccine is generally indicated. Japanese encephalitis occurs countrywide, except for Qinghai Province, and Xinjiang and Xizang Autonomous Regions. Risk may be elevated in areas of central and eastern China where extensive mosquito-breeding sites and pig rearing coexist. Risk is elevated during warm, rainy months in the temperate zones (usually May through September) and in the southern tropical areas (usually April through October).

(c) A Yellow Fever vaccination certificate is required if coming from Yellow Fever infected area.

(2) Malaria Chemoprophylaxis.

(a) Risk Period/Distribution: Transmission primarily occurs below 1,500 meters altitude. Northern China (north of 33 degrees north latitude): *P. vivax* risk is present from July to November. Central China (between 25 and 33 degrees north latitude): Malaria risk

(predominantly *P. vivax*) exists throughout central China from May to December. Southern China (south of 25 degrees north latitude): Malaria risk (predominantly *P. falciparum*) is present year-round. Transmission intensity generally increases from north to south. In 1996, Southern China accounted for 72 percent of the reported cases. *P. vivax* predominates overall in malarious areas. *P. malariae* has been reported sporadically. Chloroquine-resistant falciparum malaria is present in rural areas of the Yunnan Province bordering Vietnam Laos, and Burma(Myanmar) in southern Guangxi Province bordering Vietnam and the Gulf of Tonkin, in Hainan Province and in Guangdong Province south and west of Guangzhou.

(b) Regimen:

(1) Chloroquine-sensitive regions: Chloroquine 500mg weekly beginning 2 weeks before possible exposure continuing to 4 weeks after leaving exposure area.

(2) Chloroquine-resistant regions: Doxycycline 100mg daily starting 2 days before possible exposure continuing to 30 days after leaving exposure area.

(3) If exposed to *P. vivax*, patients who are G6PD negative and not pregnant should start primaquine 26.3mg daily for 14 days after departing China, in addition to one of the above regimens.

d. Personal Protective Measures.

(1) Safe food and Water.

(a) Drink only sealed bottled or canned water or beverages without ice. Drinking water must be boiled or, alternatively, be adequately treated with iodine or chlorine, and be allowed to sit for 30 minutes.

(b) If available, consume only approved food and water. Otherwise, eat piping hot, freshly cooked food from reputable sources. Do not eat salads or fresh fruit/vegetables. An exception is intact fruit which you wash and peel yourself, in order to avoid cross contamination between the peel and fruit.

(c) Wash hands before eating and after using the latrine.

(2) Vector-borne diseases.

(a) In rural areas where vector-borne diseases are prevalent, treat uniforms and bed nets with permethrin before departure. Permethrin spray lasts 5-6 washings, or 4-6 weeks, or until dry cleaned. Alternatively, uniforms treated with permethrin concentrate (compressed air sprayer technique) lasts the lifetime of the uniform.

(b). DEET cream. Apply to exposed skin and spread out into a thin layer, being careful to avoid the eyes and mouth. Apply twice a day to minimize risk of malaria, Japanese encephalitis, and dengue fever.

(c) Sleep under a permethrin-treated bed net with the edges tucked in under the bedding all around.

(3) Sexually transmitted diseases. STDs are highly endemic. Hepatitis B, HIV, gonorrhea, chlamydia and ureaplasma are present. Abstinence is the most effective preventive measure. Latex condoms should be used if sexually active, but may not prevent transmission of all STDs, even if used correctly.

(4) Endemic Diseases. Risk of typhoid is year-round, and elevated during warmer months (usually June through August). Distribution is countrywide; risk is elevated in populated areas with poor sanitation. Hepatitis A and E is highly endemic year-round and country-wide, especially during and after periods of heavy rainfall. Intestinal helminthic infections include ascariasis, ancylostomiasis, trichuriasis, macracanthorhynchosis (associated with consumption of raw beetles), and strongyloidiasis, and are highly endemic. Cholera occurs year-round in southern areas, and seasonally associated with warmer months in northern areas; annual outbreaks occur; resistance occurs. Risk of dengue fever is year-round. Risk is elevated during warmer, wetter months (usually June through August). Dengue fever is primarily distributed in southeastern China. Tuberculosis is highly endemic year-round and countrywide.

(5) Environmental Factors.

(a) Heat injury. Climate is very hot and humid, especially in southern regions, making heat injuries such as heat exhaustion and heat stroke more likely. Necessary precautions include drinking water frequently, on a schedule, to avoid dehydration;

adhering to safe work-rest cycles during extreme conditions; and careful observation of teammates to detect warning signs of heat injury such as mental status changes and cessation of sweating.

(b) Sun injury. Sun exposure can be intense. Wide-brimmed hats, long sleeves and trousers, and liberal use of sunscreen are recommended precautions.

(6) Hazardous animals. Animal rabies is not well controlled. Avoid contact with animals. Pre-exposure vaccination should be considered for long term travel to remote areas, where post-exposure rabies prophylaxis may be unavailable.

(7) Motor Vehicle and General Safety.

(a) One of the greatest risk when traveling overseas is motor vehicle accidents. Seat belts and extreme caution in and around vehicles must be practiced. Problems are heightened by growing number of cars, pedestrians and cyclists.

(b) General safety. Exercise caution in all activities to avoid injury of any type. If you are seriously injured, there may be no option other than medical care in a facility where sterility of equipment and safety of blood products are far below those in the US.

(8) Personal Health and Fitness. Try as much as possible to maintain a healthful regimen of hygiene and fitness. Regular bathing and frequent changes of undergarments, including socks, are important. When exercising outdoors, be aware that shorts and tank tops will make you more susceptible to disease carried by mosquitoes and other insects. Apply DEET repellent to exposed skin prior to exercising outdoors.

3. Assistance with Health Threat assessments, briefings, and countermeasures planning, as well as for the most up to date information, can be obtained from the following sources:

a. Air Force: Pacific Air Force Public Health Officer, Hickam Air Force Base, phone (DSN or 808) 449-2332, x269.

a. Army: Health Promotion and Preventive Medicine Department, Tripler Army Medical Center, phone (DSN or 808) 433-6693.

c. Navy: Epidemiology Department, Navy Environmental and Preventive Medicine Unit 6, phone (DSN or 808) 473-0555.

d. Up to date State Department advisory and Consular Information Sheet can be obtained at <http://travel.state.gov>.